

FILED DEC 2 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 37380

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 207

## 1. PLACE OF DEATH

a. COUNTY

Jackson

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Mo

b. COUNTY

Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Oak Grove

c. LENGTH OF STAY (in this place)

40 yrs

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Oak Grove 0480

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

d. STREET ADDRESS

(If rural, give location)

0

## 3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

Elizabeth Johnson

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

Nov 22-1950

## 5. SEX

Fm

## 6. COLOR OR RACE

W

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widow

## 8. DATE OF BIRTH

May-20-1860

## 9. AGE (In years last birthday)

82

## IF UNDER 1 YEAR

## Days

6

## IF UNDER 1 YEAR

2

## Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life—even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Housewife

## 11. BIRTHPLACE (State or foreign country)

Indiana

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A

## 13. FATHER'S NAME

John Gilchrist

## 13b. MOTHER'S MAIDEN NAME

Maude Zimmerman

## 14. NAME OF HUSBAND OR WIFE

Ava Johnson - Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT'S SIGNATURE OR NAME

Mrs May Rider

## ADDRESS

Oak Grove Mo

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

2 days

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

## DUE TO (b)

Arterio Sclerotic Heart Disease

5 years

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☒

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

## (COUNTY)

## (STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1949, to Nov 22, 1950, that I last saw the deceased alive on Nov 22, 1950, and that death occurred at 3:50 a.m., from the causes and on the date stated above.

## 23a. SIGNATURE

John W. Williams

## (Degree or title)

MD

## 23b. ADDRESS

Oak Grove

## 23c. DATE SIGNED

11-22-50

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Buried

## 24b. DATE

Nov. 25-50

## 24c. NAME OF CEMETERY OR CREMATORY

Hollmans Cemetery

## 24d. LOCATION (City, town, or county)

Oak Grove Mo

## (State)

## DATE REC'D BY LOCAL REG.

Nov. 23, 1950

## REGISTRAR'S SIGNATURE

Dorcas C. Eamsbury

## 25. FUNERAL DIRECTOR'S SIGNATURE

Webb Funeral Home Oak Grove

## ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

725

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *R B Webb*.....

Licensed Embalmer No. *235-3*

P. O. Address *Blue Springs Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.